FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1436345						
OMB AP	OMB APPROVAL					
OMB Number: Expires: Estimated average b hours per response						
SEC US	SEC USE ONLY					
Prefix	Serial					
DATE RECEIVED						

Name of Offering (check if this is an ar					SEC `\
Sale of Series A Preferred Stock (an	d the common stoc	ck issuable upon c	onversion thereof)		
Filing Under (Check box(es) that apply): [Rule 504	☐ Rule 505	Rule 506	Section 4(6)	☐ ULOEISSI FYESOSSING
Type of Filing: New Filing	Amendment Amendment				<u></u>
	Α.	BASIC IDENTIF	ICATION DATA		MAY 9 7 GAAA
1. Enter the information requested about the	ne issuer.				- · · · · · · · · · · · · · · · · · · ·
Name of Issuer (check if this is an ame	ndment and name has	changed, and indicate	change.)		Machineton DO
33Across Inc.					Washington, DC
Address of Executive Offices		(Number and Street	, City, State, Zip Code)	Telephone Number	r (Including Area Code 343
527 West 34th Street, 6th Floor, New	York, NY 10001			(646) 233-4033	
Address of Principal Business Operations (if different from Executive Offices)		(Number and Street	t, City, State, Zip Code)	Telephone Number	r (Including Area Code)
same as above				same as above	
Brief Description of Business	•		PROCESSE		
Online advertising and marketing s	olutions		- NOCLOSE	<u> </u>	PRESTA DESERVATA DOUBLETARE HALL REPORT HOLD RATE HALL
Type of Business Organization			JUN 022008		
corporation	limited partners	hip, already formed		r (please specify):	
business trust	☐ limited partners	ship, to be formed H	OMSON RELITI	EDC	08051016
Actual or Estimated Date of Incorporation Jurisdiction of Incorporation or Organizati	on: (Enter ty	Month 1 0 wo-letter U.S. Postal S Canada; FN for other	Service Abbreviation for		Estimated

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

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- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer,

A. BASIC IDENTIFICATION DATA

- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner		□ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Wheeler, Eric					
Business or Residence Adda	ess (Number and St	reet, City, State, Zip Code)			
c/o 33Across Inc. 527 Wes	t 34th Street, 6th Flo	or, New York, NY 10001			
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Levitt, Gregory M.					
Business or Residence Addi	ess (Number and St	reet, City, State, Zip Code)			
c/o 33Across Inc. 527 Wes	t 34th Street, 6th Fi	loor, New York, NY 10001			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)			·	
Morgan, Howard					
Business or Residence Add	ess (Number and St	reet, City, State, Zip Code)			
c/o First Round Capital, 1	00 Four Falls Corp	orate Center, Suite 104, W	est Conshohocken, PA 19	9428	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				"-
First Round Capital II, L.	P				
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Code)			
100 Four Falls Corporate	Center, Suite 104, \	West Conshohocken, PA 1	9428		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Code)		•	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director,	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Code)			

				В. 1	NFORMA:	TION ABO	OUT OFFE	RING				
, ,,	_ (b = /		_ ! ' '		.						Yes	No
l. Ha	s the issuer solo	ı, or does th	e issuer inte		to non-accr wer also in A			_				☒
2. Wł	nat is the minim	um investm	ent that wil			• -		_		,	\$	n/a
***	10 614 101111111		14146 77 []	ээ шооорс	arvara uarj	,					Yes	No
3. Do	es the offering	permit joint	ownership	of a single	unit?	************						
cor off wit per	ter the informa mmission or si ering. If a pers th a state or sta rsons of such a	milar remu on to be lis tes, list the broker or de	neration fo ted is an ass name of the aler, you m	r solicitati sociated pe e broker o	on of purc rson or age r dealer. If	hasers in on t of a brolumore than	connection er or dealer five (5) per	with sales registered rsons to be	of securiti with the SI listed are a	es in the EC and/or associated		
Full Na	me (Last name	first, if indi	vidual)							•		
Busines	s or Residence	Address (N	umber and	Street, City	, State, Zip	Code)						
Name o	f Associated Br	oker or Dea	ıler				-					
	Which Person								-			,
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RJ]		[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nai	me (Last name	first, if indiv	vidual)									
Busines	s or Residence	Address (N	umber and S	Street, City	, State, Zip	Code)	· · · · · · · · · · · · · · · · ·					
Name o	f Associated Br	oker or Dea	ıler									
	Which Person								-	······		
(Check [AL]	"All States" or [AK]	check indiv [AZ]	iduals State	s) [CA]	All Stat [CO]	es [CT]	[DE]	[DC]	[FL]	[GA]	[НІ]	[ID]
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[MT		[N _i V]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
(RI)		[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nar	me (Last name	first, if indiv	/idual)									
Busines	s or Residence	Address (No	umber and S	Street, City	, State, Zip	Code)	····					
Name o	f Associated Br	oker or Dea	ler									-
States in	Which Person	Listed Has	Solicited or	r Intends to	Solicit Pur	chasers						
	"All States" or	check indiv	iduals State	s)	All Stat	es	(DE)	(DC)	CEZ 3	10.13	F11173	rin:
FAX		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]
[AL		[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[IL]												
_		[NV]	[NH]	[KN]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
		_	
		\$	\$
	• •	\$ 1,250,000.00	\$ 1,250,000.00
	☐ Common ☐ Preferred		
		\$	
	Partnership Interests	s	\$
	Other (Specify)	s	\$
	Total	\$1,250,000.00	\$1,250,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchase
	Accredited Investors	13	\$ 1,250,000.00
	Non-accredited Investors	0	\$
	Total (for filings under Rule 504 only)	· 0	\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	n/a	¢ Solu
	Regulation A		\$
	Rule 504	n/a n/a	\$
	Total		
	1041		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	\boxtimes	\$ 25,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	\boxtimes	\$ 25,000.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." 1,225,000.00 Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. Payments to Officers, Directors, & Payments to Affiliates Others Salaries and fees. 0.00 🔲 \$ 0.00 Purchase of real estate.... □ \$ 0.00 🔲 \$ 0.00 Purchase, rental or leasing and installation of machinery and equipment..... 0.00 🔲 \$ 0.00 Construction or leasing of plant buildings and facilities..... 0.00 🔲 \$ 0.00 Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) \square \$ 0.00 🔲 \$ 0.00 Repayment of indebtedness 0.00 🔲 \$ 0.00 Working capital 0.00 🛛 \$ 1,225,000.00 □ \$ Other (specify): 0.00 🔲 \$ 0.00 Column Totals □ \$ 0.00 🛛 \$ 1,225,000.00

Total Payments Listed (column totals added)

⊠ \$

1,225,000.00

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
33Across Inc.	Later	May 20,2008
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Eric Wheeler	Chief Executive Officer	

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18. U.S.C. 1001.)

END